

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No.

FILING DATE

APPLICATION

10/585,535

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1													
2		1											
3		1											
4		1											
5		1											
6		1											
7		1											
8		1											
9		1											
10		1											
11	1												
12	1												
13	1												
14	1												
15	1												
16	1												
17	1												
18	1												
19	1												
20	1												
21	1												
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
38													
39													
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL REQ.	4	↓		↓		↓							
TOTAL DEP.	30	←		←		←							
TOTAL CLASSES	34												